U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For	Official Rec'd
	AUG 1 O 2005
E	PAS DROP

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 444	2. Fiscal Year Covered From:
, , , , , , , , , , , , , , , , , , , ,	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Michael S Mowrey	Name International Brotherhood of Electrical Worker
	Labor Organization File Number 000-116
and the second second	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 2500 Venture Oaks Way, #250	Street 900 Seventh Street NW
City Sacramento	City Washington
State California ZIP Code + 4 95833-42	21 State District of Columbia ZIP Code + 4 20001-3886
A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organ	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	7.D. Allouit.
City	
•	
State ZIP Code + 4	
State ZIP Code + 4	Signature

8/05/2005

916-567-0381

Telephone Number

Name of Person Filing Michael Mowrey	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or inc dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise		
Name and address of Business (Including trade name, if any).	9. Business deals with: a. Labor Organization		
Name Byron David			
Trade Name, if any: Harbaugh Hotel Management Company	b. Trust		
P.O. Box, Bldg., Room No., if any	c. Employer		

Street 1600 North Indian Canyon Drive

City Palm Springs

ZIP Code + 4 92262

10. If 9.b. or 9.c. is checked give trust or employer's name.

11.a. Nature of such dealing.

11/2004 Wine/Cheese/Fruit Basket, 12 Bottled Water,
Pretzel

State California

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

City

State

Street

ZIP Code + 4

11.b. Approximate dollar value of such dealing. \$6012.a. Nature of interest held or income received.

12.b. Amount.

 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 		14.a. Nature of payment.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	· · · · · · · · · · · · · · · · · · ·		
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.	